



**Shunt Malfunction  
with History of Seizures Protocol**

\_\_\_\_\_  
*Student's Name / School / Grade*

If student has any of the following signs, please call parent or emergency contact.

**Emergency Phone Numbers:**

Call First \_\_\_\_\_  
*Name Phone*

Call Second \_\_\_\_\_  
*Name Phone*

Call Third \_\_\_\_\_  
*Name Phone*

**Signs of Shunt Malfunction or Infection**

- Change in mood or behavior, irritable
- Vomiting
- Sleeping more than usual, difficult to awaken
- Unsteady gait
- Severe headache
- Redness or swelling at shunt or tubing site
- Seizure Activity increases

**If student has any of the above signs, please call parent or emergency contact.**

**Call 911 after 5 minutes if seizures occur in a child with known seizure history, then notify parent.**

\_\_\_\_\_  
Parent signature / Date

\_\_\_\_\_  
Administrator's Signature / Date

**By signing this form, authorization is hereby granted to release this information to appropriate school or bus personnel and classroom teachers as needed.**

MHD 3/14